

Walter Reed Cardiovascular Center



A Monthly Newsletter of the Cardiology Division of Walter Reed Army Medical Center

Commentary

Marina Vernalis, DO FACC

With Outreach Clinics already at Ft. Meade and Dover, we hope to begin seeing new patient consults at Fairfax in the near future. Deployments have slowed this process down. Our staff is always available for “curbside” consults via phone, pager or e-mail.

Next month the re-designed Walter Reed Cardiology website should be available for you and your patients. Upgrades will include patient educational material on procedures such as cardiac catheterization and echocardiography as well as several conditions like hyperlipidemia and hypertension. The referring provider will also find an updated and expanded Cardiology Lecture Series.

Cardiovascular Update

Daniel E. Simpson, MD FACC

Estrogen + Progestin and the Risk of Coronary Heart Disease*

The final results of the Women’s Health Initiative (WHI) were published in the August 7th issue of the NEJM. Several recent randomized trials have failed to demonstrate cardiac protection from estrogen and progestin.

The WHI primary prevention trial of 16,608 postmenopausal women randomized participants to estrogen (0.625 mg/d) + progestin (2.5 mg/d) or placebo.

The trial was stopped after a mean of 5.2 years follow-up secondary to a slight excess risk with active therapy. The hazard ratio with active treatment was 1.24 (0.97-1.60) for the primary endpoint of non-fatal MI and death due to coronary heart disease.

Treatment with estrogen + progestin does not reduce the risk of coronary heart disease and should not be prescribed for primary prevention.

*N Engl J Med 349;523-34

www.nejm.org

Guideline Review

Stephen Welka, DO FACC FASE

Indications for ECHO in Native Valve Regurgitation*

Class I

- Diagnosis;assessment of hemodynamic severity
- Initial assessment & reevaluation (when indicated) of LV and RV size, function, and/or hemodynamics
- Reevaluation of patients with mild to moderate regurgitation with changing symptoms
- Reevaluation of asymptomatic patients with severe regurgitation
- Assessment of changes in hemodynamic severity and ventricular compensation in patients with known regurgitation during pregnancy
- Reevaluation of patients with mild to moderate regurgitation with ventricular dilation without symptoms
- Assessment of the effects of medical therapy on the severity of regurgitation and ventricular compensation and function when it might change medical management
- Assessment of valvular morphology and regurgitation in patients with a history of anorectic drug use, or the use of any drug or agent known to be associated with valvular heart disease, who are symptomatic, have cardiac murmurs, or have a technically inadequate auscultatory examination

Class IIb

- Reevaluation of patients with mild to moderate mitral regurgitation without chamber dilation and without clinical symptoms
- Reevaluation of patients with moderate aortic regurgitation without chamber dilation and without clinical symptoms

Class III

- Routine reevaluation in asymptomatic patients with mild to moderate regurgitation having stable physical signs and normal LV size and function
- Routine repetition of echocardiography in past users of anorectic drugs with normal studies or known trivial valvular abnormalities

*J Am Coll Cardiol 2003-42:954-70

www.acc.org/clinical/statements.htm

Class I – General agreement that the procedure/treatment is useful & effective
Class II (a & b) – Conflicting evidence and/or divergence of opinion
Class III – Not useful/effective and in some cases may be harmful

Cardiovascular Trials at WRAMC

CARDIASTAR

PFO closure device versus standard anti-coagulation therapy with coumadin in patients with an embolic TIA/CVA and no other etiology

Questions/Referrals: Please contact Daniel Simpson

OPTIMIZE-HF

Assessment of inpatients with CHF and/or LV dysfunction to determine if guideline treatment is appropriately implemented

Questions/Referrals: Please contact Stephen Welka